



IN THE UNITED STATES PATENT & TRADEMARK OFFICE

Appl. No. : 10/057,630 Confirmation No. 3300
Applicants : Ronald M. BURCH, et al.
Filed : January 25, 2002
For : **Analgesic Combination of Oxycodone and Nimesulide**
TC/A.U. : 1639
Examiner : Bennett Celsa
Docket No. : 200.1079CON5

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

RESPONSE TO RESTRICTION REQUIREMENT

Sir:

In response to the Office Action of May 14, 2004, please amend the above-identified application as follows:

Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this paper.

Remarks begin on page 4 of this paper.



• COMMISSIONER FOR PATENTS
P.O. Box 1450
Alexandria, VA 22314-1450

In re application of: Ronald M. BURCH, et al.
Serial No.: 10/057,630
Filed: January 25, 2002
For: ANALGESIC COMBINATION OF OXYCODONE AND NIMESULIDE

Sir:

Transmitted herewith is a **Restriction Requirement Response** in the above-identified application.

[] Small entity status under 37 C.F.R. 1.9 and 1.27 has been previously established.
 [] Applicants assert small entity status under 37 C.F.R. 1.9 and 1.27.
 [X] No fee for additional claims is required.
 [] A filing fee for additional claims calculated as shown below, is required:

FOR:	(Col. 1)		(Col. 2)		SMALL ENTITY RATE	OR	LARGE ENTITY RATE	
	REMAINING AFTER	HIGHEST PREVIOUSLY	PRESENT	AMENDMENT PAID FOR	EXTRA			
TOTAL CLAIMS	Minus	=	0	x \$ 9	\$		x \$ 18	\$
INDEP. CLAIMS	Minus	=	0	x \$ 42	\$		x \$ 84	\$
[] FIRST PRESENTATION OF MULTIPLE DEP. CLAIM			+ \$140		\$		+ \$280	\$
						TOTAL: \$	OR	TOTAL: \$

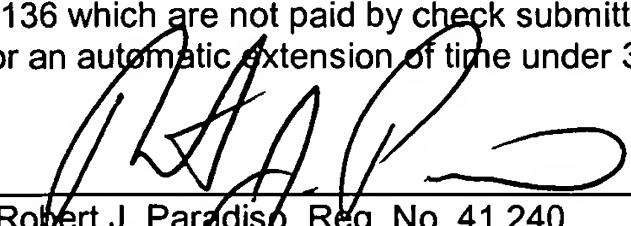
* If the entry in Co. 1 is less than the entry in Col. 2, write "0" in Col. 3.
 ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.
 *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

[X] Also transmitted herewith are:
 [] Petition for extension under 37 C.F.R. 1.136 (in duplicate)
 [X] Other: **Return Postcard**

[] Check(s) in the amount of **\$0.00** is/are attached to cover:
 [] Filing fee for additional claims under 37 C.F.R. 1.16
 [] Petition fee for extension under 37 C.F.R. 1.136
 [] Other:

[X] The Assistant Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 50-0552.

[X] Any filing fee under 37 C.F.R. 1.16 for the presentation of additional claims which are not paid by check submitted herewith.
 [X] Any patent application processing fees under 37 C.F.R. 1.17.
 [X] Any petition fees for extension under 37 C.F.R. 1.136 which are not paid by check submitted herewith, and it is hereby requested that this be a petition for an automatic extension of time under 37 CFR 1.136.


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I hereby certify that this correspondence and/or documents referred to as attached therein and/or fee are being deposited with the United States Postal Service as "first class mail" in an envelope addressed to "Commissioner for Patents, Alexandria, VA 22314-1450" on June 11, 2004.

DAVIDSON, DAVIDSON & KAPPEL, LLC

BY: 